

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

VETERINARY PUBLIC HEALTH SECTION, M/S 7308
 P. O. BOX 997377
 SACRAMENTO, CA 95899-7377
 (916) 552-9740
 (916) 552-9725 FAX

**ANIMAL RABIES CASE REPORT**

I. TESTING LABORATORY: (THIS SECTION TO BE COMPLETED BY THE PUBLIC HEALTH LABORATORY.) PLEASE COMPLETE SECTION I, SEND A COPY BY FAX (916) 552-9725 OR MAIL TO THE VETERINARY PUBLIC HEALTH SECTION, M/S 7308, AND FORWARD THE ORIGINAL TO THE COUNTY RABIES CONTROL INVESTIGATOR IMMEDIATELY.

Laboratory: _____

Animal Species: _____

Sample Submitted By: _____

Sample Submitted: ☐ Animal ☐ Head ☐ Brain

Date Received: _____

Phone: (____) _____

☐ Other _____

Lab Specimen Number: _____

Laboratory Test Results:

	Date Reported	Positive	Unsatisfactory Result	Pending	Not Done
1. FRA Test:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. VRDL Referral:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VRDL Lab # _____					

Humans Exposed (bitten or significant saliva contact)? ☐ Yes ☐ No ☐ Unknown

Other Animals Exposed (bitten or direct contact)? ☐ Yes ☐ No ☐ Unknown

II. RABIES EPIDEMIOLOGIC INVESTIGATION: (THIS SECTION TO BE COMPLETED BY THE COUNTY RABIES CONTROL INVESTIGATOR.) PLEASE COMPLETE SECTION II AND FORWARD THE ORIGINAL TO THE DIVISION OF COMMUNICABLE DISEASE CONTROL, VETERINARY PUBLIC HEALTH SECTION, M/S 7308.

Type of Animal: ☐ Pet ☐ Livestock ☐ Stray ☐ Wild Date Animal Found: _____

Address/Location Where Found: _____

Cause of Death: ☐ Euthanized ☐ Died in Quarantine ☐ Killed – How? _____

Clinical Impressions: ☐ Dumb Rabies ☐ Furious Rabies ☐ Found Dead ☐ Clinical Signs Unknown
☐ Other – Explain: _____

Type of Other Animal Species Exposed: _____ ☐ Bitten ☐ Direct Contact ☐ Unknown

Numbers Exposed: _____ Animals Vaccinated at Time of Exposure? ☐ Yes ☐ No

Please Describe Details and Disposition of Exposed Animals (i.e., revaccinated, quarantined, euthanized, etc.):

Humans Exposed: ☐ Yes ☐ No ☐ Unknown

Number Bitten _____ Number Scratched _____ Number With Saliva Contact, But Not Bitten

☐ Unprovoked Attack ☐ Provoked Attack (includes attempts to help injured animals)

Name, Address, and Phone of Exposed Persons (attach additional sheets if necessary):

_____	_____	_____
_____	_____	_____
_____	_____	_____

Please Complete Reverse Side

ANIMAL RABIES CASE REPORT

SIDE 2

Treatment of Exposed Humans:

A. Total Number of Exposed Persons: _____

B. Total Number of Persons Treated: _____

If A. Does Not Equal B. Please Explain: _____

County Personnel Reporting:

Name: _____

Title: _____

Address: _____

Date Reporting: _____

County Agency: _____

Phone: (____) _____

***IF RABID ANIMAL WAS DOMESTIC (DOG, CAT, HORSE, CATTLE, GOAT, SHEEP, SWINE, ETC.),
PLEASE COMPLETE THE REMAINDER OF PART II BELOW:***

Owner's Name: _____

Home Phone: (____) _____

Address: _____

Work Phone: (____) _____

Animal's Name or Description: _____

Breed: _____

Age (estimate for strays): _____ Years or _____ Months

Sex: ☐ Male ☐ Female

Was Animal Spayed or Castrated? ☐ Yes ☐ No ☐ Unknown

Was the Animal Taken to a Veterinarian for This Illness? ☐ Yes ☐ No

If Yes, Name of Veterinarian: _____ Phone: (____) _____

Date of Initial Visit: _____ Initial Diagnosis or Rule Out: _____

Date First Signs Appeared: _____ Date of Animal's Death: _____

Was the Animal Licensed? ☐ Yes ☐ No Was the Animal Rabies Vaccinated? ☐ Yes ☐ No ☐ Vac Expired

If Yes, Date of Vac: _____ Vaccine Manufacturer: _____

Vaccine Product Name, Lot Number and Administering Veterinarian (from rabies vaccine certificate): _____

Animal's Environment: ☐ Urban ☐ Suburban ☐ Rural ☐ Other: _____

If the Animal Was Originally From Another Country or State, Please Specify: _____

FOR THE 6 MONTH PERIOD BEFORE THE ANIMAL'S DEATH;

- Approximately How Many Hours Per Day Was the Animal Kept Outside: _____
- Was the Animal Observed Fighting or Playing With Any Wild Animals? ☐ Yes ☐ No
- Was the Animal Observed Fighting or Playing With a Previously
Confirmed Rabid Animal? ☐ Yes ☐ No
- Did the Animal Have an Unexplained Lameness? ☐ Yes ☐ No
- Was the Animal Missing for 24 Hours or More? ☐ Yes ☐ No
- Was the Animal Used for Hunting Wild Animals? ☐ Yes ☐ No
- Was the Animal Kept on a Lead or in a Pen When Outside? ☐ Yes ☐ No
- Was the Animal Kept Indoors or in a Pen at Night? ☐ Yes ☐ No
- Did the Animal Have An Unexplained Wound or Cut? ☐ Yes ☐ No
If Yes, Describe Location and Type or Injury: _____
- Did the Animal Travel Out-of-State or Out-of Country? ☐ Yes ☐ No
If Yes, Specify Destination, Date and Time Away: _____

COMMENTS: _____